therefore it may form a useful test in the differential diagnosis between neurogenous and pancreatic and other forms of diabetes. In the latter class of cases it will not probably be of any value. The statement has been made that the drug is a dangerous irritant poison, producing gastro-intestinal irritation and nephritis. No injurious effect was observed in these patients, who received from five to twenty grains taken thrice daily for several weeks.—*British Medical Journal*, 1897, No. 1920, p. 1044.

Urotropin.—DR. J. COHN presents the result of his use of this drug, which is hexamethylentetramin, produced by the action of formaldehyde upon ammonia. In cystitis following prostatic hypertrophy or of unknown origin he finds seven-grain doses twice daily to rapidly clear the urine of micro-organisms. In the cystitis of gonorrhœa or tuberculosis the results were not satisfactory.—*Berliner klinische Wochenschrift*, 1897, No. 42, S. 914.

Euphthalmin: a New Mydriatic.—DR. D. B. TREUTLER states that this drug bears the same relation to eucaine as homatropine to tropacocaine. On instillation the after-disturbances are slight and of short duration. It enlarges the pupil to the maximum when used in a 5 or 10 per cent. solution in about one-half of the time required for a 1 per cent. solution of homatropine. In the old it is not so powerful, and acts more slowly than in young individuals. It has the advantage over cocaine of less violent action and of not producing any injury to the corneal epithelium, but the disadvantage of slower action. The accommodation is less disturbed than by homatropine. The mydriasis and paralysis of accommodation pass away more rapidly than with the last-named drug.—*Klinische Monatsblätter für Augenheilkunde*, 1897, Heft 9, S. 963.

The Treatment of Typhoid Fever by Pyramidon.—DR. ARNOLD BRANDEIS reports the results of the use of this drug, which is dimethylamidophenyldimethylpyrazolon, in eight instances. It is apparently a very much slower and milder antipyretic than antipyrine, although its effects last longer. Unpleasant symptoms, as profuse perspiration, weak pulse, and even collapse, have been noted after use of one and one-half to three and one-half grains twice daily.—*Prager Medicinische Wochenschrift*, 1897, No. 44, S. 525.

The Natural and Artificial Essence of Wintergreen in the Treatment of Rheumatism.—M. VIDAL noticed, on substitution of compresses wet in essence of wintergreen for internal administration of sodium salicylate for patients whose digestive tracts and nervous systems it was necessary to spare, that in a certain percentage various skin eruptions, ranging from simple erythema to recurring papular eczema, appeared. The drug was used in fifty to one hundred drops upon a double layer of aseptic gauze and covered with an impermeable dressing. On investigation he found that the natural and artificial essences were sold indifferently in the shops. The former contains various hydrocarbons and 90 per cent. of methyl salicylate. The latter is pure methyl salicylate made synthetically. Applications of each made upon the same individual showed that the latter did not produce any cutaneous disturbance. It is probable that the eruptions caused by the former can be explained as due to the undetermined resins (gaultherilene) contained in it.—*Les Nouveaux Remèdes*, 1897, No. 20, p. 615.

Serum-therapy in Diphtheria.—DR. BERLIN reports the outcome of the treatment of five hundred and twenty-nine children. Of these fifty-six died (10.6 per cent.). The paper shows that on the whole the mortality has been considerably lowered, but not so much as was formerly hoped for. The serum cannot be held responsible for severe untoward symptoms, nor with surety can deaths be charged to it alone. Yet it cannot be denied that it does act upon the kidneys. Post-diphtheritic paralysis and relapses are without doubt more frequent.—*Münchener Medicinische Wochenschrift*, 1897, No. 42, S. 1159.

The Medical Treatment of Toothache.—DR. FREDERIC C. COLEY believes that few toothaches are incapable of permanent relief without extraction of the tooth. A single dose of two grains of exalgin may relieve a raging toothache. If the pain comes on after taking food, when the contents of the stomach are naturally acid, a Seidlitz powder minus about one-quarter of the acid may relieve with astonishing rapidity. When the pain is started by "taking cold," even when what is called periostitis by the dentist is present, where the carious tooth becomes slightly loosened, projecting beyond its neighbors, and is exquisitely tender when eating is attempted, fifteen grains of sodium salicylate, repeated in four hours, will usually promptly relieve the pain. If fifteen minims of tincture of belladonna are added, refreshing sleep may be obtained. In other cases phenacetin may succeed if this treatment has failed.—*The Practitioner*, 1897, No. 351, p. 259.

The Treatment of Pneumonia with Large Doses of Digitalis.—DR. RUBEL, in commenting upon the mortality (2.6 per cent. in 1192 cases), states that in the young, robust men in a military hospital the mortality is always low (3.65 per cent. in the German army). Petrescu claims that with this method the disease is stopped in three days, and one of his pupils that the temperature falls after three days of treatment. The author reports that apyrexia is established in from seven to ten days, and that convalescence is not shortened. Instances of poisoning by this method are not unknown. —*Therapeutische Wochenschrift*, 1897, No. 39, S. 998.

Iron-Somatose.—DR. E. ROOS reports upon this substance, which is a brown powder readily soluble in water and containing 2 per cent. of iron in organic combination, the dose being about seventy-five grains *pro die.* Four instances of its use are cited, recording the increase in body-weight and percentage of hæmoglobin.—*Therapeutische Monatshefte*, 1897, Heft 9, S. 488.

The Treatment of Tuberculosis with Cinnamic Acid.—DR. TH. HEUSSER finds that leucocytosis follows the subcutaneous and intramuscular injections of this substance. Later it is expected that an aseptic inflammation will wall in the tuberculous area and encapsulate it, with subsequent contraction and formation of cicatricial tissue. During the past three years he has treated twenty-two patients, with the result that six were cured, twelve improved, three without benefit, and one had died. The injections are made